

FARM SERVICE AGENCY
LOSS ADJUSTMENT CONTRACTOR (LAC)
CONTRACT OFFER

PERSONAL DATA

Name _____ Social Security No. _____ - _____ - _____

Present Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ County _____

Drivers License: Operator _____ CDL _____

WORK EXPERIENCE

Company Name _____ Address _____

Job Description (duties, skills, equipment used) _____

Dates of Employment: Start ____/____/____ End ____/____/____

Reason for leaving _____

Company Name _____ Address _____

Job Description (duties, skills, equipment used) _____

Dates of Employment: Start ____/____/____ End ____/____/____

Reason for leaving _____

WORK EXPERIENCE (cont.)

Company Name

Address

Job Description (duties, skills, equipment used)

Dates of Employment: Start ___/___/___ End ___/___/___

Reason for leaving

(Attach additional sheets if necessary)

SPECIFIC AGRICULTURAL EDUCATION AND WORK EXPERIENCE

REFERENCES (Names of persons not related to you)

Name

Address

Phone #

WORK AVAILABILITY

If your contract is accepted, when would you be available to provide services?

Evenings_____ Evenings & weekends_____ Anytime_____

Other (Explain) _____

Signature _____ Date _____

Contractor will be considered without discrimination for any non-merit reasons such as race, color, religion, sex, national origin, political affiliation, marital status, physical handicap or age.